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ABSTRACT

A total of 155 nonlabeled, normal adults and 28 labeled, schizophrenic adults were interviewed in a study to determine differences in the two groups' perceptions of television utility and reality. Hypotheses were formulated concerning expected differences in the reported importance of television in interpersonal communication, relaxation, and entertainment and as an antidote to loneliness; differences in the perceived reality of television characters; and the correlation between reported importance of television and its perceived reality for the two groups. Results showed that schizophrenics attributed less importance to television in terms of interpersonal communication than did the normal group, while the normal sample attributed less importance to television as a means of coping with loneliness. An unexpected finding for the schizophrenics was that they attributed great importance to television for relaxation and entertainment purposes--since the traditional definition of this disorder holds that schizophrenics are often unable to experience pleasure in interpersonal contacts, this finding suggests that they may turn to the media as an alternative way of experiencing pleasure. In addition, the schizophrenic group consistently scored higher mean scores than did the normal sample on all items measuring perceived reality of television. Finally, the linkage between the reported importance of television and its perceived reality was positive for both groups. (FL)

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THE IMPORTANCE AND PERCEIVED REALITY OF TV FOR NORMAL AND DEVIANT ADULTS

By

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Any discussion of television as an influence on human behavior should take into account the intervening variables which intercede between TV message stimuli and the behavior thought to result from consuming the stimuli. One such intervening variable is "perceived reality," which can be defined as "awareness of the dramatic and unreal nature of most of television" (Hawkins, 1977, p 229). Perceived reality is a multi-dimensional concept. Four dimensions have been identified (Hawkins & Pingree, 1977, p 2). First is the dimension of "magic window ... through which one can look at on-going life" (p 2). Second is the dimension of "social expectations," whether or not TV characters and events meet viewers' "expectations about life and the world around them, ranging from not fitting with their expectations to fitting very well with expectations" (p 2). This dimension also includes how useful TV characters and events are in guiding personal behavior. Third, the dimension of "specificity" may modify responses to the first two dimensions depending upon measurement approach -- perceived reality may be rated higher when TV programs with specific characters and events are named than for generalized types of characters and events. Last, the dimension of "context ... may be located by whether (the viewer) is responding to people on television, events on television, or the usefulness of people and events on television for everyday life" (p 2). This last dimension is not independent from the preceding dimensions.

Donohue and Donohue (1977) present two theoretical dimensions of perceived reality which parallel those of Hawkins and Pingree (1977) and Hawkins (1977). The first is "perceived actuality," defined as "the degree to which the viewer perceives that the portrayed events, settings and characters ... truely did or could exist in the real world" (p 2). The second dimension, "perceived similarity," is defined as "the degree to which the viewer perceives that the portrayed events, settings and characters are similar to the viewer's own contemporary social and physical environment" (p 2). Thus, the "magic window" and "social expectations" dimensions of perceived reality tend to be the dominant theoretical concerns.

Much of the practical concern with "perceived reality" is in connection with its possible mediating role on either anti-social or pro-social effects. A central theoretical point states:

> The ability to distinguish between reality and fantasy in television content has been hypothesized to act by increasing involvement with and relevance of television content .... to the extent that we perceive television's content to be a realistic portrayal of life, we may be more affected by and learn more from that content" (Hawkins, 1977, p 301).

Reeves (1977) notes that TV-perceived-as-real effects on attitudes and behavior "... are more likely to be consistent

with the content of ... television experiences" (p 2), and that "the process should work equally well for both pro- and anti-social behaviors" (p 4).

If the media are perceived as real, the content of media messages may have greater influence on individuals. Gerbner (1969, cited in Evans, 1978) has noted several ways in which public media can influence the way in which consumers "define reality": by telling them "what is, what or who is important, what is right or wrong, and what is related to what" (Evans, 1978, p 7).

Much of the empirical work with perceived reality of TV has been with children, usually from nursery school to sixth grade ages. Findings have shown that the "magic window" dimension of perceived reality of TV shrinks with advancing age (an "adult discount"), but that the social expectations dimension does not decrease with age. Many older children, for example, believe TV family characters and events are like families and events in their real world. Hirsch (1969, reported in Hirsch, 1977) found that older children reported increased excitement with programs perceived as most like real life, while younger children were more excited by programs perceived as make-believe.

Insofar as the present authors are aware, there has been no empirical work on advanced age as it is related to the perceived reality of TV. This study examines the "social expectations" dimension of perceived reality of TV as reported by an adult community sample of persons 18 years of age or older. Also, the question is raised of whether the adult community is best thought of as a homogeneous group when considering the perceived reality of TV, or whether distinctions ought to be made based on individual and social differences. Of particular interest is whether persons labeled "mentally ill" tend to perceive TV reality differently from persons not so labeled.[1] Previous work (Ostman, Smith, Jeffers & Atkinson, 1978) suggested that mentally ill-labeled individuals may use the mass media in functionally and dysfunctionally different ways than persons not so labeled. In particular, this prior research indicated that mentally ill-labeled persons are more apt to use media as sources of information by which to model personal behavior and as benchmarks of what behaviors are accepted and encouraged by society (i.e., as a basis of determining consensus beliefs and conforming behavior). Residents in a mental health center were more likely than university students to report that mass media had a sedative effect on them when they were annoyed or bothered by problems, that mass media gave them information which they could use in future situations in order to conform to others' behavior, and that would allow

them to know how to act. Students were more likely than residents in a mental health center to report mass media behaviors which gave them information which could be used in later interpersonal communication; which was considered to be escapist viewing or reading; which led to reduced personal decision-making, and which made them more like others in their entertainment preferences. Mentally ill-labeled persons may see the media as more real on the "magic window" dimension than do non-labeled persons. This particularly was the case with TV (Ostman, Jeffers, Skelton & Meyer, 1979). Jeffers, Ostman and Atkinson (1979, in press) have shown that television is the dominant medium used by residents in a mental health center.

The Perceived Reality of TV Among Normal Adults

How real do adults perceive TV to be? Is there an "adult discount" for all dimensions of reality? Little evidence has been collected to test these questions. However, Reeves (1978) has noted that there doesn't seem to be a critical age which separates believers from non-believers in terms of perceived TV reality. Reeves says, "Even among adults, there are those who believe that television is an accurate reflection of real life"(p 684).

Other evidence suggests that normal adults (those without deviancy labels) continue to see television characters and personalities as real, and that highly involving, personal, and one-sided relationships grow up between TV characters and viewers. Caughey (1978) collected information on 36 "artificial relationships," indicating that persons can have emotional attachments to opposite-sex celebrities not actually known. Caughey points out that Americans know many things which they have not actually experienced in face-to-face relations with others:

> His "artificial social world" consists of beings known to him through some form of the media - through television, radio, movies, books, magazines, and newspapers. The "real social world" of most Americans numbers perhaps 200 or 300 actual people, including relatives, friends, acquaintances. But most of us are also familiar with the lives and personalities of a swarm of celebrities - politicians, talk show hosts, authors, athletes, religious spokesmen, disk jockeys - as well as fictional characters from novels, plays, sitcoms, and soap operas (p 45).

In normal adult relationships with these artificial pseudo-friends and enemies, Caughey says adults talk to them, feel they know them, fantasize about them, occasionally become antagonistic toward them, love and hate them, imagine sexual relations with them, pattern personal

behavior on what is know of their behaviors, pick up valuable information from them which is used in managing their own adult lives, allow them to act as a superego, and so on. Caughey realizes that there are varying degrees of this sort of behavior, and wonders whether or not these behaviors should be considered normal or pathological. He concludes that most of this behavior is normal, although clearly some is abnormal and related bizzare behavior is much more pronounced in some aberrant individuals.

The Perceived Reality of TV Among Deviant Adults

How do persons labeled mentally ill perceive media content? Direct empirical evidence has been lacking, but anecdotal evidence suggests that these individuals have considerable difficulty in "correctly" interpreting what they see and hear through various mass media.

"Robert F.," a 35-year-old cab driver, was admitted to Saint Elizabeth's Hospital and was diagnosed as a schizophrenic. His wife said he had told her he was going to kill her, that he had cancer, that his grandfather's mustache had a worm growing out of it, that he had killed his grandfather, that she was either his mother or God, and that his male organs were blown up and little seeds covered him. In addition to these and other bizzare thoughts, the wife reported that "Robert F." thought a television program was about him and that the set was "after him" (Yarrow, Schwartz, Murphy & Deasy, 1955).

Simpson (1971) relates experiences with three residents at Bergen Pines County Hospital, Paramus, New Jersey. All had unique feelings and beliefs about mass media. One resident, an attractive 31-year-old mother of three, was labeled by Simpson as passive, excited and ill with feelings of persecution. "She (believed) her house was wired for sound and that it was surrounded by people who intended to harm her. She also felt that she had special powers enabling her to communicate with radio and television" (p 8). An excerpt of a conversation from the third day of her residency follows:

Dr. Simpson: "Where the people on the television or the radio talking about you? What were they saying?"

Patient: "They were telling me that they believed in me or something ... I don't remember. But exactly what I told to that guy and that guy was talking to me" (p 8).

An excerpt from a seventeenth day conversation saw her retaining her delusion of being talked to by TV:

Dr. Simpson: "You felt that various people were talking to you or about you?"

Patient: "Yes... yes, on the television. ... I know what they were saying. They were telling me what to do!" (p 8).

A second resident who was seeing Dr. Simpson, a 20-year-old woman, hospitalized for the third time and labeled as a "hebephrenic schizophrenic," felt that "television was watching her and that articles in newspapers referred to her" (p 10).

A third resident, diagnosed by Simpson as having feelings of fear and delusions of persecution, was 19 years old. "She believed that her mother's phone was tapped and that in some strange way, people were taking pictures of her while she was in her house, and that she was receiving messages from television" (p 12).

Another serious case of mental deviancy has been described in Benziger's (1969) autobiographical book, The Prison of My Mind. At the onset, Benziger noted: "One of my strangest and most devastating situations was my inability to pick up a newspaper, book, or magazine or even to look at television without identifying myself with every bad thing in it. I seemed to have taken on the guilt of the whole world" (p 35). In the second mental hospital she stayed at, media use was encouraged. When a doctor ask her, early in her stay, if she'd like a television set, she replied: "Not yet; it scares me" (p 80). Still later, when the doctor asked her why she couldn't read or look at television, Benziger replied:

> I can't concentrate when I read, and the words are blurred. If some sentences do get through to me, I identify with everyone, in newspapers, on the radio, on television - all the bad things and people. I can't follow the good things and good people. You see, there is no me, particularly a good me, so I have become everyone bad (p 83).

Finally, Benziger was able to resume watching TV. She noted:

> I can read, and the words don't blur. I don't identify with everyone and everything bad and awful anymore. The words mean what they are supposed to mean, and the people are just themselves, not me. I can enjoy my television set, too, and listen to the radio. I can absorb what I see and hear. I think about what it really means, and I have ideas about it (p 123).

After recovery, Benziger continued to see a doctor whenever she couldn't read or pay attention to the media. She took her inability to be a media consumer as an indicator of the possibility of recurring mental deviancy.

Rokeach (1964) studied personalities and identities of three men, all claiming to be Jesus Christ. Rokeach arranged for them to be transferred to the same ward of Michigan's Ypsilanti State Hospital. All were diagnosed

as "schizophrenic paranoids," and all seemed extraordinarily interested in mass media. "Leon," one of the Christs, especially used mass media as a source of information to embellish his delusions. For example, after reading about the Yeti in a magazine article on the Abominable Snowman, Leon subsequently created an elaborate fantasy about himself being a member of the Yeti people, with a home town in the Himalaya Mountains, and marrying a "righteous idealed Yeti woman" whom he called "Madame Yeti, first lady of the Universe" (pp 125-132).

All of these case examples suggest that persons who are judged mentally ill have a difficult time attending, organizing, understanding, and properly assimilating content which they see or hear from mass media. In the cases of "Robert F.," Simpson's residents, and Benziger, media content became inseparable from their ownselves. Robert F. was threatened by TV. Benziger identified with all the bad things which she found in media. And for Leon, the content of media suggested rich veins to explore in his paranoid and grandiose delusion-building.

Motives for Using TV

In all, the evidence points to quite different perceptions of media content by mentally ill-labeled persons than would be the case for those not so labeled. Different adults seem to have different uses for the same media content. Personal needs and motives for using TV may influence the perception of TV reality.

In a study of 9, 12 and 15-year-old British school children, Greenberg (1974) reported eight motives for TV usage: to pass time; to forget, as a means of diversion; to learn about things; to learn about self; for arousal; for relaxation; for companionship, and as a habit. Greenberg demonstrated that these motives were positively correlated with the children's perception of TV reality. Rubin (1979), in a replication of Greenberg's study with American children and adolescents, found similar results, with the exception that viewing TV to pass time was not significantly correlated with perceived reality of TV content (the non-significant correlation was positive, however).

This study asked about selected adult motives for TV usage, and whether there were differences between deviant-labeled and non-labeled adults.

Personal Needs of Normal and Deviant Adults and Perceived TV Reality: Several Hypotheses

The first null hypothesis is that there will be no significant differences between a normal sample of non-mentally ill-labeled persons and a deviant group of labeled schizophrenics in an acute phase on the importance of TV in their lives. Five importance dimensions for TV will be considered: interpersonal communication; use in overcoming loneliness; as an activity which provides "something to do"; use to enable the person to relax, and entertainment use. The alternative hypotheses hold that non-labeled adults will attribute greater importance to TV for their subsequent interpersonal communication activities and as a means of relaxation and entertainment, but that schizophrenics in an acute phase will be more likely than non-labeled adults to say that TV has greater importance as an antidote to personal loneliness and as an activity which gives them "something to do."

The second null hypothesis holds that there will be no significant difference in mean scores on the Hawkins and Pingree (1977) "social expectations" dimension of the perceived reality of TV scale between a group of adults labeled as schizophrenic in an acute phase and a group of adults not so labeled. The alternative hypothesis holds that the schizophrenic in an acute phase-labeled persons will perceive TV to be more real on the social expectations dimensions than the group without the label.

Finally, it is predicted that TV importance will be related positively and significantly to the perceived reality of TV. It is expected that the relationships will be stronger for the schizophrenic in an acute phase-labeled than for the non-labeled group.

The level of significance is set at the .05 level in order to test these hypotheses.

Rationale for Expected Findings

A rationale explaining the expected results (in support of the alternative hypotheses) follows. Reeves (1977) suggested that prior interpersonal experience with pro-social behavior permits a child to more accurately judge the realism of pro-social TV content. However, an assumed lack of anti-social interpersonal guideposts makes TV anti-social depictions more difficult to judge for realism and perhaps, therefore, more easy to accept as realistic. Thus, the individual's prior interpersonal contacts are important standards by which TV realism can

be judged (p 11). Donohue and Donohue (1977) state this idea succinctly: "one of the most powerful agents found influencing children's perceptions is the child's interpersonal influences such as the family and peer relationships ... significant others tend to be validation sources for children by confirming or disconfirming the content as real or unreal" (p 2). Of particular interest to this study is the finding by Reeves (1974, cited in Donohue & Donohue, 1977, pp 2, 3) that emotionally disturbed children tend to view content, characters and situations as more realistic than middle class white children not emotionally disturbed. The explanation is that emotionally disturbed children have restricted opportunities for alternative personal and communicative experiences, a deprivation of culture.

Many sociologists believe that mental "illness" is an ascribed rather than achieved role, growing out of interpersonal relations between the individual and others (for example: Becker, 1963; Erikson, 1962; Freidson, 1966; Kitsuse, 1962; Rubington & Weinberg, 1973; Sampson, Messinger & Towne, 1962).

There is ample evidence in the sociological literature that mentally ill-labeled persons have faulty socialization backgrounds and poor interpersonal skills. Becker (1962) has shown how poor socialization will lead to potential anarchy of psychological destruction which can result in loss of feelings of personal value, a feeling that the world does not have meaningful objects, insecurity, inability to sustain interaction with others, no clear knowledge of conventional social codes of rules, low self-regard, decreased feelings of power and identity, apprehension, insensitivity to the needs and expectations of others in an interaction, inability to clearly differentiate self from others, and so on. In the case of schizophrenics, Faris (1944, 1952, cited in Spitzer & Denzin, 1968, p 6) reports that "the trouble encountered by the typical schizophrenic results from a long period of partial isolation, precipitated usually by parental treatment and by the reaction of other children to the 'resulting personality.' The schizophrenic develops a purely private and virtually incommunicable style of cognitive organization as a consequence of societal reactions." In Faris' words:

> The isolation prevents the development of familiarity with the conventions and necessary principles of primary social relations, so that he slips into a greater number of blunders and failures which he does not understand. The reaction of other persons to these experiences further isolates and confuses him. The particular development of the symptoms of

> the schizophrenic depends of varying circumstances - the common element is an unconventionality so great that other persons can usually perceive no system or order in his behavior, and so judge him to be insane (1952, p 361).

Similar points of view, stressing culture, communication difficulties and stigma in interpersonal communication, are presented by Cumming and Cumming, (1965); Dworin and Wyant, (1957); Freeman and Simmons, (1961); Goffman, (1963); Jackson, (1966); Opler, (1955; 1956; 1966); and Opler and Singer, (1956).

Reviews of marital relations between schizophrenic-labeled husbands and their wives also point to gradual breakdowns in interpersonal relations (Sampson, Messinger & Towne, 1964). Summaries concerning the critical importance of the individual's reactions to "generalized others" in the development of the "self" are found in reviews by Gough (1948) and Lemert (1962).

Because of faulty interpersonal skills (especially in communication), the individual may turn to mass media as a role- and norm-clarification surrogate. If this is the case, the individual who perceives much of media content (such as television situation comedies) to be real would be making a blunder, since so much of what is contained in mass media entertainment programming is atypical, abnormal and norm-violating. Thomlinson (1978), in examining selected aspects of television sitcom programming and its treatment of interpersonal topics, noted:

> ...trust, sharing needs and beliefs, mutual problem-solving, empathy, listening, expression of feelings, and genuineness in interpersonal interactions are consistently absent in television programs ... many television characters are still one-dimensional. Stereotypical characters are the rule rather than the exception (p 1).

Assuming there is a faulty history of social interaction or a breakdown in interpersonal communication, leading to a deviancy label being applied to the individual ("mentally ill"), leading to commitment to a total institution ("mental hospital") which has the effect of cutting the individual off from developed, on-going interpersonal relationships (Erikson, 1957), and assuming that the individual's labeled state is acute, or temporary, and further assuming that the individual wishes to escape from the stigma associated with the deviancy label, and assuming that mass media are available within the total institution, it seems likely that some mentally ill-labeled persons will use mass media content, perceived as "real" and containing "accurate" and "trustworthy" information about social roles

and norms as a surrogate for interpersonal sources of similar information, and will begin to model personal behavior after the perceived real media content in a self-therapeutic effort to escape the deviant label and to regain the "normal" label, which is believed to depend upon role-appropriate behavior based upon accurate knowledge of social norms. In this context, mass media content can be controlled easily by the mentally ill-labeled individual. The media diet is very predictable and requires less self-assertion and potential strain on the individual than interpersonal communication which is fraught with many more dangers at that point in the patient's "career" (Goffman, 1959).

A strong positive association between perceived reality of television and the motivation to view TV in order to learn was found by Rubin (1979), who sampled children and adolescents in Champaign, Illinois. Rubin's scale which was designed to measure motivation to learn from TV included six items, dealing with such learning motivations as "how to do things I haven't done before" and "how other people deal with the same problems I have." Rubin said of the association: "... regardless of either the age of the respondents or their extent of television viewing, those who were motivated to view in order to learn perceived television content to be rather true-to-life" (p 118). Further, the motivation of viewing TV in order to learn was not associated with the selection of more realistic news and public affairs programming. Rubin's sample was not labeled as deviant. However, if schizophrenics in an acute phase believe TV to be more real than non-labeled, non-institutionalized persons, they also may be more motivated to learn from TV than non-labeled, non-institutionalized persons. However, this hypothesized relationship is not tested in this study, although it is in keeping with the discussion just reviewed.

The Schizophrenic Label

In this study, a group of persons labeled as "schizophrenic" has been selected for testing the hypotheses, along with a group of non-labeled persons. In the case of the schizophrenic-labeled person, using the mass media in the way just described may be a very deceiving strategy, as well as a difficult one (Caterinicchio, 1977; Kaplan, 1971).

A standard text on psychopathology (Frazier and Carr, 1964) defines schizophrenia from a medical perspective. However, these authorities include sociological dimensions in defining the etiology, symptomology, and management of schizophrenia:

> A severe personality disorganization, at times manifesting psychotic symptoms, predicated upon an underlying defect in reality testing which may be only subtly detectable. Typical characteristics include (1) major distortions in thinking, (2) disturbances in affect, (3) disturbances in ego boundaries, (4) difficulties in interpersonal relationships, basic to which may be chronic impairment of the capacity to experience pleasure (pp 115-116).

Methodology

Two groups were selected. Non-mentally ill-labeled persons were interviewed by telephone during early April, 1978, using a close-ended interview schedule. This group was obtained by random selection from a telephone directory containing numbers for the Carbondale, DeSoto and Murphysboro areas of Southern Illinois. The completion rate was 72.8%. Not-at-homes and out-of-service numbers accounted for 11.3% of the phone calls. Of those reached, 16% of the total sample of 213 refused to participate in the interviews. Undergraduate students taking a communication theory and research methodology course in the School of Journalism at Southern Illinois University at Carbondale were trained to be interviewers. Only adults aged 18 years or older were interviewed. The total number interviewed in this group was 155.

The second group, labeled as "schizophrenics in an acute phase," was made up of residents in the Anna Mental Health and Developmental Center in Southern Illinois. The Center is about 20 to 30 miles from the three areas where respondents for the first group lived. A number of Anna residents (N=28) were interviewed on a face-to-face basis by SIU-C instructors, graduate students in an advanced methodology in communication research course, and by an undergraduate special majors student.[2] A close-ended interview schedule was used. Tape recorders supplemented interviewer's notes. Half of the interviews were conducted during spring, 1978. The rest were conducted in late summer, 1978. Interviewees were selected from all six wards for the mentally ill and voluntarily agreed to participate. The Anna Center is one of 26 state-supported centers in Illinois. The patient population consists of from 200 to 250 persons labeled "mentally ill" and about 200 persons labeled as "mentally retarded." The two groups are housed separately. The mentally ill-labeled persons are grouped on wards according to county of residence. From 60 to 80 percent of the mentally ill-labeled population are classified as schizophrenics. The median stay for these persons is about 50 days in the Center.

The following items operationally measured TV's importance:
1. Interpersonal. "How important is it to you to watch TV so that you will find something to talk about with others here in the Center" (deviant group). For the non-labeled sample, the words "Southern Illinois" were substituted for "the Center."
2. Loneliness. "How important is it to you to watch TV to overcome loneliness?"
3. Activity. "How important is it to you to watch TV just for something to do?"
4. Relaxation. "How important is it to you to watch TV as a way to relax?"
5. Entertainment. "How important is it to you to watch TV for entertainment?"
The response alternatives ranged from "very important" to "important" to "not sure, don't know," to "unimportant" to "very unimportant."

The items used to operationalize the perceived reality of TV were taken from Hawkins and Pingree (1977), as follows:
I. Family.
a. Character similarity. "Families on TV shows are like families in real life."
b. Event similarity. "Things that happen to families in TV shows are like things that could happen to other families."
c. Surrogate. "TV shows about families help me know how to behave at home."
II. Police.
a. Character similarity. "Police officers on TV are like police officers you could meet."
b. Event similarity. "What happens on police shows on TV are like things that could happen in a police department that's not on TV."
c. Surrogate. "Watching police officers on TV helps me understand the police I might meet."
The response alternatives ranged from "agree very much" to "agree" to "not sure" to "disagree" to "disagree very much."

Results for Normal Adults

Table 1 shows that the average age of "normal" adults in this sample was 36.1 years. TV had a relatively low utility for this group, with a mean score of 12.94 on a scale with a 25 possible maximum score on the top end of the range. Individual areas where TV was deemed important were as "a way to relax" (mean of 3.19) and "for entertainment" (3.14). This group was least inclined to report that TV was important to them "to overcome loneliness" (mean of 1.98).

Table 1 about here

Turning to the findings for this group's perception of television reality on the social expectations dimension (the perceived similarity of TV to the person's own life space), there is an average score just under mid-range of the spread when all six items are summed. TV police and TV families are perceived in about the same way when the persons were asked to state how similar they thought TV characters and the events they portray were to police and families in their own experience. Mean scores for TV police and TV families were just below the mid-range in the spread between maximum and minimum possible scores on the scales. Of the six items measuring family and police TV-to-life-space similarity, the normal adults were most likely to agree that the events happening to TV families were like events which could happen to real families (mean = 3.48; maximum possible score = 5.0). Of the six items, normal adults were most likely to disagree with the media surrogate item for families; that is, with the statement, "TV shows about families help me know how to behave at home" (mean = 2.09).

Scale reliabilities for the normal sample were calculated, using Cronbach's Coefficient Alpha and the Spearman-Brown formulas. On the total perceived reality scale for all characters and events on TV, the reliability was .77, which increases to .98 when projecting to a 100 item test. The average intercorrelation between the six items was .36. For the three family "social expectations" perceived reality items, the reliability was .65, increasing to .98 when projecting to 100 items. The average intercorrelation between items was .38. For the three police "social expectations" items on perceived TV reality, the reliability was .58, increasing to .98 when projecting to 100 items. The average intercorrelation between items was .31. The TV utility scale reliability was .65, increasing to .97 when projecting to 100 items. The average intercorrelation between the five items was .27.

Results for Deviant Adults, Compared to Normal Sample

Table 1 shows that the average age for the schizophrenic-labeled adults was 32.4 years. This was not significantly different from that observed for the normal adult sample. While the schizophrenic group contained 60.7% males compared to 46.1% for the normal adult sample, the difference was not statistically significant by chi-square test (X^2=1.48; DF=1; p=.22).

TV had great utility and importance for the deviant sample. An average score of 18.43 was calculated (based on a range from 5 to 25). The difference was significantly higher than the normal adults' mean ($t = 4.06$; $p = .000$). All item means of items making up this summary score were significantly higher for the deviant group than for the normal sample, except for the item dealing with TV as a means of relaxation (which was higher, but not at a statistically significant level). Contrary to expectations stated in hypothesis one, however, the schizophrenic group had higher means than the normal group on items dealing with TV's interpersonal utility, relaxation, and entertainment. The item of most importance to the schizophrenic group was TV entertainment (mean of 3.78), followed by relaxation (3.63), and loneliness (3.59). Least important to the mentally ill-labeled group was TV's interpersonal utility (mean of 2.96).

The schizophrenic group, as predicted in hypothesis two, scored significantly higher than the normal group on the social expectations dimension of perceived TV reality, as well as on the two sub-dimensions dealing with TV families and TV police. There were two exceptions. The means of items dealing with the similarity of events on family and police TV programs to events as they might occur in real life were higher for the deviant group, but not at a statistically significant level. The deviant group's mean score on the overall dimension was 21.29 (the possible range was from 6 to 30). This was significantly greater than the mean for the normal group ($t = 3.68$; $p = .0005$). Both the similarity of TV families to real families, and agreement that watching TV families helped one to know how to behave at home, were significantly higher for the schizophrenic-labeled group than for the normal group. The similarity of TV police to those known in one's own life space was perceived as higher by the deviant group. This group also felt that seeing TV police would help them understand police they might meet in their own lives.

Hypothesis three deals with the correlations between TV utility importance and the perceived reality of TV. Positive and statistically significant correlations were expected for both groups. For the normal group, ($N=155$), smaller correlations will be statistically significant than will be the case for the deviant group ($N=28$). It is possible in a relative way, however, to compare the magnitude of the correlations between the variables for the two groups. The results in Table 2 confirm the hypothesis. All correlations are statistically significant for both groups in the direction predicted. The

magnitude of the correlations is much greater for the deviant group than for the normal group. Table 2 shows zero order correlations. Partial correlations also were calculated, controlling for age and sex separately and together. The resulting correlations did not vary significantly from the zero order correlations. For both groups, the greater the reported importance of TV utility, the greater the perceived reality of TV, regardless of age or sex.

Table 2 about here

Scale reliabilities for the deviant group were calculated in the same way as for the normal sample. In each case, the reliabilities were greater for the deviant group than for the normal sample. On the total perceived reality scale for all characters and events on TV, the reliability was .93, which increases to .99 when projecting to a 100 item scale. The average intercorrelation between the six items was .69. For the three family "social expectations" perceived reality items, the reliability was .85, increasing to .99 when projecting to 100 items. The average intercorrelation between the items was .65. For the three police "social expectations" items on perceived TV reality, the reliability was .88, increasing to .99 when projecting to 100 items. The average intercorrelation between items was .71. The TV utility scale reliability was .93, increasing to .99 when projecting to 100 items. The average intercorrelation between the five items was .72.

Conclusions

This paper examines hypotheses regarding adult normalcy and deviancy in social processes, particularly as these labels may affect the individual's evaluation of the importance of TV utility and the person's perceptions of whether or not TV characters and events are similar to events and roles in personal life space.

A model of deviancy can be advanced as descriptive pertaining to adult schizophrenics in an acute phase. Conceptually, the process may involve the following steps: faculty childhood and adolescent socialization, resulting in poor interpersonal communications skills, leading to poor awareness of societal norms and role expectations, which may result in a deviancy label, which often leads to commitment to a total institution where further deprivation from close interpersonal communication interactions result, and where the individual may feel stigma attached to the deviant role and label. Usually, there will be some

desire to escape from the stigmatized label and to avoid a chronic deviant career. Also, mass media usually are available to the person, who sometimes will find important utility in the content carried by the media. In the absence of close interpersonal contacts, at which the person has a prior history of ineptitude and failure, the media may become surrogates for the person, who perceives the content as real, and the information observed from media characters and events as accurate and trustworthy, particularly as they pertain to social norms and roles. Mass media content normally is predictable, and involves less risk and potential stress for the person than available interpersonal sources of similar information. A self-therapeutic series of behavioral modeling may imitate the content perceived as real, with the purpose of escaping the deviant label. That the hypothesized strategy is a poor one in many respects already has been discussed.

Results tend to support the lessened importance which persons labeled as schizophrenics in an acute phase attribute to TV in terms of giving them something to discuss in interpersonal communication. The normal sample, on the other hand, attributes less importance to TV as a means of coping with loneliness, a finding which was not found for the deviant group. However, an unexpected finding for the deviant group showed they attributed great importance to TV for relaxation and entertainment purposes. The traditional definition of schizophrenia holds that this group often is unable to experience pleasure in interpersonal contacts. Thus, this group may turn to the media as an alternative way to experience pleasure. It is important, therefore, to examine persons as individuals with particular behaviors rather than to assume behavioral patterns based on labels alone.

The concept of perceived reality of TV, usually studied only among children and adolescents, also seems to have applicability in explaining adult media behavior. The schizophrenic-labeled group in this study consistently scored higher mean scores than the normal sample on all items measuring perceived reality of TV. While the normal sample showed discrimination in their answers regarding the social expectations dimensions of perceived reality of TV, those in the deviant group were much more consistent and believing in their perceptions of TV reality. However, neither group differentiated between TV families and TV police, as shown in their mean scores on the three summed items for each sub-dimension. This is striking, because while we can assume that most people would be able to compare TV families with their real life families (and thus be likely to see TV as dissimilar), they would not likely have had extensive contact

with police. We would have expected less perceived reality for the TV family than for TV police, but this was not borne out by the data. TV events were uniformly perceived as quite similar to real life events by both groups. However, a difference between the groups was found for the perception of TV characters as similar to real life persons. The Thomlinson (1978) paper reviewed earlier attacks the bulk of TV events and characters as unreal and stereotypical, something which many adults, both normal and deviant-labeled, seem to have missed. Finally, the lowest mean score on the perceived reality of TV items for the deviant group was the item which dealt with TV families as serving as a surrogate model instructing the person how to behave at home. This may be interpreted in a context which points out the extreme difficulties which schizophrenics have in dealing with interpersonal communication and other behavior. However, deviants have a considerably higher mean score on this item than normals. This indicates a greater reported reliance on media for this purpose than is found among the normal adult sample.

The linkage between the reported importance of TV and the perceived reality of TV is positive for both normal and deviant groups. However, the relationship appears to be much stronger for the deviant group.

Future studies should experimentally manipulate the major dimensions of perceived reality -- including the "magic window," "social expectations," pro- and anti-social aspects. This could be done by scripting and producing television programs. For example, one program could feature pro-social character behavior, and instructions to the viewer could stress the notion that the program is based on actual events or footage. Matched groups (or better yet, random groups, although this is difficult when working within total institutions with deviant-labeled persons) of normals and deviant-labeled persons could be compared for perceptual reactions, needs, learning and behavior after viewing the programs. Also, video tape replays of existing TV programming could be shown and discussions could be held about their reality as a means of adding external validity to the study. Comstock (1975) points out that TV is perceived as more real by blacks and lower socioeconomic status groups. These variables should be controlled in future studies.

Of ultimate interest would be the possible therapeutic uses of TV within the total institution. Given the seeming reliance of the deviant-labeled group on TV as a means

of discovering what they think is the real world, it might be necessary to instruct them in how to watch TV - in particular, to emphasize that not everything they see should be considered real, accurate and trustworthy. Of course, special TV programming could be developed to give deviant-labeled populations information about norms and roles in an accurate and trustworthy context. It may be that TV programming as it has existed in the past has contributed to more anti-social behavior than pro-social behavior. The moderate relationship between violent TV program viewing and later aggressive behavior by the viewer has been documented repeatedly. However, there is no known reason why planned pro-social TV programming cannot be used by individuals to learn pro-social knowledge, attitudes and behaviors. Reeve's (1978) exploratory work with pro- and anti-social factors in the perceived reality dimension has shown the predictive validity of the pro-social factor as related to the behaviors of physical aggression, verbal aggression, deceit, affection and feelings of self. Thus, if TV content is pro-social, a high degree of perceived reality may lead to increases in pro-social behavior and decreases in anti-social behavior on the part of the viewer.

The "power" of television as a source of socially "useful" information to the individual has been pointed out by Reeves (1979):

> Perceiving program content to be realistic is assumed to make TV information more socially useful and more likely to be assimilated equitably with information from non-television sources (682).

Theoretically, at least, TV can have as much "surrogate power" on an individual's learning and perhaps subsequent behavior as do other persons or significant others.

NOTES

1. The terms "normal" and "deviant" are difficult. Who is normal and who is not? What should be the criteria in judging normalcy? An approach in deviancy theory, called "labeling," suggests that the term "normal" is an ascribed label which sometimes is imposed upon some people by others for reasons which have little to do with their actual state of mind or seriousness of their norm-violating behavior. We use the terms "normal" and "deviant," but we shall use them in the special ways described by labeling theories of deviancy (Davis, 1975; Spitzer & Denzin, 1968). Scheff (1964), a leading proponent of the "societal reaction" or "labeling" approach to deviancy, has summarized the position this way:

> ... mental illness may be more usefully considered to be a social status than a disease, since the symptoms of mental illness are vaguely defined and widely distributed, and the definition of behavior as symptomatic of mental illness is usually dependent upon social rather than medical contingencies ... the status of the mental patient is more often an ascribed status with conditions for status entry external to the patient, than an achieved status, with conditions for status entry dependent upon the patient's own behavior (p 401).

A critical review of labeling, taking the opposite side of this argument, is made by Gove (1975).

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Table 1. Sample Comparisons of Normal and Deviant (Schizophrenics in an acute phase) Adult Ages, Reported Television Importance, and Perceived Reality of TV on the "Social Expectations" Dimension.

	Normals		Deviants			
Item or Scale	$\bar{X}$	S.D.	$\bar{X}$	S.D.	T Value	Probability
Age	36.1	16.9	32.4	11.3	-1.45	.15**
Television Importance*	12.94	4.2	18.43	6.9	4.06	.000**
Interpersonal	2.16	1.2	2.96	1.2	3.13	.002**
Loneliness	1.98	1.2	3.59	1.3	6.57	.000
Activity	2.45	1.3	3.48	1.2	3.86	.000
Relax	3.19	1.4	3.63	1.2	1.57	.12**
Entertain	3.14	1.4	3.78	1.1	2.30	.02**
Family and Police Perceived TV Reality (Social Expectations)@	15.85	4.3	21.29	7.6	3.68	.0005
Total Family Items	7.88	2.4	10.64	3.8	3.71	.0005
Characters Similar	2.32	1.2	3.30	1.1	4.06	.000
Events Similar	3.48	1.0	3.74	0.7	1.35	.09
Surrogate	2.09	1.0	3.00	1.1	4.26	.000
Total Police Items	7.96	2.3	10.64	4.0	3.44	.001
Characters Similar	2.25	1.0	3.19	1.1	4.46	.000
Events Similar	3.25	0.9	3.48	1.1	1.16	.12
Surrogate	2.46	1.1	3.37	1.0	3.93	.000

* TV Importance Items: 5 = very important; 1 = very unimportant. Total possible score range = 5 to 25.

@ Perceived Reality Items: 5 = agree very much; 1 = disagree very much. Total possible score range, family and police separately, 3 to 15.

** Two-tailed probability. Other probabilities are one-tailed, if data are in direction predicted by alternative hypothesis.

$\bar{X}$ = mean score. S. D. = standard deviation.

Table 2. Zero Order Correlations* Between TV Importance Variables and Perceived Reality of TV Scales for Normal and Schizophrenic in an acute phase Groups.

	1. Impt TV Use	2. Total Perceived Reality	3. Family Perceived Reality	4. Police Perceived Reality
1.	X	.80 (p=.001)	.74 (p=.001)	.81 (p=.001)
2.	.25 (p=.001)	X	X	X
3.	.28 (p=.001)	X	X	.89 (p=.001)
4.	.17 (p=.016)	X	.66 (p=.001)	X

Upper diagonal = Anna Schizophrenics in an acute phase

Lower diagonal = Normal Sample

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* All correlations remain statistically significant and of the same relative magnitude when controlling for sex and age separately and combined.

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